

U. S. Department of Justice
Atlanta Field Division
75 Spring St., SW, RM 740
Atlanta, GA 30303

TRANSFER FORM

Date: _____

Dear Registrant:

Separate Federal Drug Enforcement Administration (DEA) **registration numbers are required for each state and practice location** in which you routinely practice, and predicated upon having a valid South Carolina State License and a South Carolina Controlled Substances Registration.

To change the address on your DEA registration, please complete the **information below and submit one week prior to your relocation date.** If using a Post Office Box address, a **Street address must also be included**, or this form will be mailed back to you and your registration will remain unchanged.

DEA NUMBER: _____ **DATE OF RELOCATION:** _____

OLD ADDRESS: _____ **NEW ADDRESS: (Practice Location Only !!)**

SC LICENSE NUMBER: _____

SC CONTROLLED SUBSTANCES NUMBER: _____ (attach copy)
(SC Department of Health & Environmental Control Phone 803-896-0634)

Printed Name of Applicant

Signature of Applicant

Daytime phone number of Applicant: _____

PLEASE DO NOT RETURN WITHOUT A COPY OF:

(A) YOUR OLD DEA CERTIFICATE

(B) CURRENT SC LICENSE AND CONTROLLED SUBSTANCES CERTIFICATE

If you have any questions, please call our Atlanta Office @ 888-219-7898 or 888-869-9935.

Please forward the required information along with this form by fax to 404-893-7095 or mail to the above address.